

Death Penalty Attorney Invoice

CASE # _____ CASE TITLE: _____

	1 st Attorney	2 nd Attorney	FOR OPD USE ONLY C: _____ A: _____
Attorney Name:			
FIRM NAME:			
FIRM ADDRESS: <i>Circle if new X address</i>			
FIRM TELEPHONE #			
TAX IDENTIFICATION #			

PAYMENT REQUEST

Payment Event _____	
1 st Attorney Name: _____	\$ _____
2 nd Attorney Name: _____	\$ _____
Total of Fees for Invoice:	\$ _____

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct:

Date

Signature

Date

Signature

SIGNATURES OF BOTH ATTORNEYS ARE REQUIRED FOR PAYMENT.

Please return to:

Kelly Sawka, WA State Office of Public Defense, PO Box 40957, Olympia, WA 98504-0957.